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Secretary of State **Elections Division** 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714 Phone: (775) 684-5705

Fax: (775) 684-571B Website: www.nvsos.gov

## State of Nevada **Committee for Political Action** (PAC)

Registration Form

Office of the Secretary of State

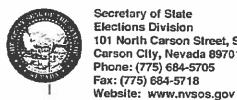
Barleon Cegariste

Barbara Cegavske **Elections Division** 

**JStokes** 

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New Registration	PAC (Advocating P	assage or Defeat of a Balk	ABOVE SPACE IS FOR OFFICE USE ONLY
Annual (Due on or before			a a a a a a a a a a a a a a a a a a a
Amended Registration: check all that apply	Change Officers	Change Registered A	Agent Change Address
	Change Name		
	Other:	ous Name of PAC	*****
Name of Committee: Nevada Women's Alliance			Telephone:
Mailing Address: 5501 Spandrell Circle	Spar	ke	NV 89436
Street Name, Number	City		NV 89436 State Zip Code
PAC Active Email Address:			· · · · · · · · · · · · · · · · · · ·
			i i
REGISTERED AGENT: pursual agent, as provided in NRS 14.02	nt to NRS 294A.240, eacl 20, who must be a natural	n PAC must appoint and ke person who resides in the	ep in the State a registered State of Nevada.
Name of Registered Agent: Jodi Stephens			Telephone: 775-830-4711
Physical Address: 5501 Spandrell Circle Breet Name, Number	Spark City	S	NV 89436 Stele Zip Code
REGISTERED AGENT ACCEPT Committee for Political Action.	TANCE: I hereby accept	appointment as Registered	Agent for the above-named
* Myselfing	MY	Date: 1/13/16	100 - H
ignature of Registered Agent			



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## **Committee for Political Action** (PAC)

**Registration Form** 

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Jodi Stephens	errent class en en en en en en en	Telephone: 775-830-4711
Mailing Address: 5501 Spandrell Circle	Sparks	NV 89436
Street Name, Number	City	State Zip Code
Officer Name and Title:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
Officer Name and Title:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
Officer Name and Title:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
of each organization (please attach a Name of Organization: Mailing Address:		Telephone:
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Street Name, Number Name of Organization:	City	State Zip Code Telephone:
Mailing Address:		
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Street Name, Number Name of Organization:	City	State Zip Code Telephone:
Street Name, Number	City	·
Street Name, Number Name of Organization:	City	·
Street Name, Number Name of Organization: Mailing Address:	City  City  Printed Name: Jodi)Stephens	Telephone: